

**Monticello Police Department****AUTHORIZATION TO RELEASE INFORMATION**

I, _____, am an applicant for employment with the
(Applicant Print Name)

Monticello Police Department. In order to process my application, certain information must be available to the Chief of Police of Monticello. This information is for my benefit.

I hereby authorize, request, and direct educational institutions, my references, my employers (past or present), financial institution of any kind, credit bureau or consumer reporting agency, medical institution and doctors, military, and any other person, institution or organization, and all governmental agencies and instrumentality's (local, state, federal, or foreign) wherever said individuals or organizations are situated to releases to the Chief of Police of the City of Monticello or to any representative thereof ,any document, information, record, or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I hereby release you, as the custodian of such records and all of said individuals and organizations, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may be anytime result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Further, I appoint the Chief of Police or his representative as my agent and attorney in fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at this discretion. This request can be treated as if i were making this request in person.

Date

Applicant signature

Affidavit, I, _____, being duly sworn , deposes and says as follows:
I am the person who executed the above authorization, I understand its meaning, intention, and effect, and that the statements therein made are true and correct.

Applicaant

STATE OF ARKANSAS

COMMISSION

ON

LAW ENFORCEMENT STANDARDS

AND TRAINING

PERSONAL HISTORY STATEMENT

PERSONAL HISTORY STATEMENT

Law Enforcement Agency

Month Day Year

INSTRUCTIONS: Fill out this questionnaire completely and accurately. All statements in your questionnaire are Subject to verification. Incorrect statements may bar or remove you from employment. If space provided is Inadequate, add additional pages and identify information by item number. If a question does not apply to you, Indicate by writing N/A in the answer blank. Type or print legibly in ink all responses.

PERSONAL

| 1. NAME | | | | Social Security Number |
|---------|--------|------|--|------------------------|
| First | Middle | Last | | |

Nicknames or Aliases

2. Height _____ inches Weight _____ lbs.

3. Present Mailing Address:

| | | | |
|--------------------------|-------------|--------------|-----------------|
| Street and Number | City | State | Zip Code |
|--------------------------|-------------|--------------|-----------------|

Permanent Mailing Address: _____

| Street and Number | City | State | Zip Code |
|-------------------|------|-------|----------|
| | | | |

Telephone Number: Home: _____ Business: _____

4. Date of Birth: _____ Place of Birth: _____

5. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other-Specify _____

6. List organizations, clubs and associations of which you are or have been a member, or with which you are or have been associated.

7. List hobbies and/or special skills. _____

MARITAL

8. Marital Status (check one) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

9. Names of Spouse or Fiancée _____

10. If married, are you living with your spouse? _____ Yes _____ No

If not, state reasons: _____

11. Have you ever been separated or divorced? _____ Yes _____ No. If Yes, give date and location of court or jurisdiction. _____

12. Give the following information concerning your spouse's parents:

| | NAME | ADDRESS |
|--------|------|---------|
| Father | | |
| Mother | | |

13. List below every child born to you.

| NAME | BIRTHDATE | PLACE OF BIRTH | WITH WHOM RESIDES |
|------|-----------|----------------|-------------------|
| | | | |
| | | | |
| | | | |

14. Are you now supporting all children born to you, adopted by you and stepchildren? _____ Yes _____ No

15. Have you ever been involved as defendant in a paternity proceeding? _____ Yes _____ No
If yes, give date and court or jurisdiction: _____

REFERENCES:

16. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality and other qualities:

| NAME | ADDRESS | TELEPHONE |
|------|---------|-----------|
| | | |
| | | |
| | | |
| | | |
| | | |

FAMILY HISTORY:

17. List your parents, brothers and sisters:

| | NAME | ADDRESS | TELE-PHONE |
|-----------|------|---------|------------|
| Father | | | |
| Mother | | | |
| Bro./Sis. | | | |
| Bro./Sis. | | | |
| Bro./Sis. | | | |

18. Has any member of your immediate family ever been arrested for or convicted of a felony offense?

_____ Yes _____ No. If yes, complete the following:

| <u>DATE</u> | <u>LOCATION</u> | <u>CHARGE</u> | <u>DISPOSITION</u> |
|-------------|-----------------|---------------|--------------------|
|-------------|-----------------|---------------|--------------------|

FINANCIAL:

19. Do you have life insurance and/or hospitalization insurance? _____ Yes _____ No

20. Have you a savings account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

21. Have you a checking account? _____ Yes _____ No

Bank _____ City and State _____

Bank _____ City and State _____

22. Do you own or have an interest in any type of business dealing in alcohol?

_____ Yes _____ No. If yes, give name, location and type of business.

23. Do you own or are you buying your own home? _____ Yes _____ No

Is there a mortgage on the property? _____ Yes _____ No

Bank or Company _____ City and State _____

24. Do you own or are you buying other real estate? _____ Yes _____ No

If yes, give name of agency holding mortgage:

Bank or Company _____ City and State _____

25. List motor vehicles that you own or are buying or leasing:

| MAKE | MODEL | YEAR | AMOUNT OWED |
|------|-------|------|-------------|
| | | | |
| | | | |
| | | | |

26. What income other than salary do you have at present? Include spouse's salary.

| |
|--|
| |
| |

27. List Credit References:

[illegible]

28. What is your total indebtedness at present? _____

29. Have your creditors treated you fairly? ☐ If not, explain:

30. Have you ever been sued? ☐ Yes ☐ No. If yes, give details:

RESIDENCES:

31. List Addresses for past 10 years starting with present address at top:

| FROM MO. YR. | TO MO. YR. | ADDRESS/RESIDENCE | CITY & STATE | LANDLORD |
|-----------------|---------------|-------------------|--------------|----------|
| | PRESENT | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

WORK HISTORY:

32. Are you now or have you ever been engaged in any business as an owner, partner, or corporate board member?

☐ Yes ☐ No. If yes, give details below:

33. If you have ever been discharged or forced to resign because of misconduct or unsatisfactory service, give details:

34. Have your employers always treated you fairly? ☐ Yes ☐ No. If no, explain:

35. Do you object to wearing a uniform? ☐ Yes ☐ No

36. Do you object to working nights? ☐ Yes ☐ No

37. Do you object to working shifts? ☐ Yes ☐ No

38. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

| | | | | | |
|---|--|--|--|----------------------------------|-------------|
| A. Title of present or last position | | | | Starting Salary | Last Salary |
| Date Employed: | | | | Name and title of supervisor | |
| Date Separated: | | | | No. employees supervised by you: | |
| Full-time | | | | Employer | |
| Yrs. | | | | Address | |
| Mos. | | | | Duties | |
| Part-time | | | | | |
| Yrs. | | | | | |
| Mos. | | | | | |
| If Part-time, # of hours worked per week: | | | | Reason for leaving: | |

| | | | | | |
|---|--|--|--|----------------------------------|-------------|
| B. Title of next to last position | | | | Starting Salary | Last Salary |
| Date Employed: | | | | Name and title of supervisor | |
| Date Separated: | | | | No. employees supervised by you: | |
| Full-time | | | | Employer | |
| Yrs. | | | | Address | |
| Mos. | | | | Duties | |
| Part-time | | | | | |
| Yrs. | | | | | |
| Mos. | | | | | |
| If Part-time, # of hours worked Per week: | | | | Reason for leaving: | |

| | | | | | |
|---|--|--|--|----------------------------------|-------------|
| C. Title of next position | | | | Starting Salary | Last Salary |
| Date Employed: | | | | Name and title of supervisor | |
| Date Separated: | | | | No. employees supervised by you: | |
| Full-time | | | | Employer | |
| Yrs. | | | | Address | |
| Mos. | | | | Duties | |
| Part-time | | | | | |
| Yrs. | | | | | |
| Mos. | | | | | |
| If Part-time, # of hours worked Per week: | | | | Reason for leaving: | |

D. Title of next position _____ Starting Salary _____ Last Salary _____

| | | | | | | | |
|---|------|--|------|----------------------------------|--|--|--|
| Date Employed: | | | | Name and title of supervisor | | | |
| Date Separated: | | | | No. employees supervised by you: | | | |
| Full-time | Yrs. | | Mos. | Employer | | | |
| Part-time | Yrs. | | Mos. | Address | | | |
| | | | | Duties | | | |
| If Part-time, # of hours worked Per week: | | | | Reason for leaving: | | | |

39. Have you previously submitted an application for employment with this agency? ☐ Yes ☐ No
Approximate date: _____

MILITARY SERVICE

40. Were you ever in the U.S. Military Service or any other military organization? ☐ Yes ☐ No
Branch of Service _____ Unit _____ Date of Enlistment _____
Date of Discharge _____ Service Number _____ Highest Rank _____

41. List medals and decorations: _____

42. Type of Discharge: _____

43. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation: _____

44. List all schools attended:

| Name of School | Location (City and State) | From Mo. & Yr. | To Mo. & Yr. | Year Completed |
|-----------------------|------------------------------|-------------------|-----------------|-------------------|
| Grade | | | | |
| | | | | |
| | | | | |
| High School | | | | |
| | | | | |
| | | | | |
| College or University | | | | |
| | | | | |
| | | | | |

45. Did you either graduate from high school or pass the high school equivalency test? ☐ Yes ☐ No

46. List college degrees received and major field of each. Include incomplete courses: _____

47. Were you ever expelled from any school or were you ever disciplined by any school official?

☐ Yes

☐ No.

If yes, explain:

ARREST AND MILITARY DISCIPLINARY

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be Sufficient to disqualify you. (Exclude minor traffic violations.)

48. Have you ever been arrested or detained by police? ☐ Yes ☐ No. If yes, give details below:

Crime Charged

Police Agency

Date

Disposition of Case

Crime Charged

Police Agency

Date

Disposition of Case

49. Have you ever been placed on probation? ☐ Yes ☐ No. If yes, give details below:

50. Have you ever been required to pay a fine in excess of \$25.00? ☐ Yes ☐ No. If yes, give details below:

51. Have you ever been reported as a missing person or as a runaway? ☐ Yes ☐ No. If yes, give complete details, including jurisdiction, dates, and outcome:

52. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, captain's Mast or company punishment, or any other disciplinary action while a member of the armed forces?

☐ Yes

☐ No.

If yes, explain below:

53. List any disciplinary action taken against you in the National Guard or other reserve unit:

54. If you have ever been fingerprinted by a police agency other than for an arrest, give details below. Your answers will be checked with the FBI and other agencies.

Agency _____ Date Purpose
 Agency Date Purpose
 Agency Date Purpose

55. Can you operate a motor vehicle? Yes No
56. Do you possess a valid operator's license from the State of Arkansas? Yes No
 Operator's License Number Date Issued
57. Do you possess an operator's license issued by any state other than Arkansas? Yes No
 If yes, give state and number.
58. Was your license ever suspended or revoked? Yes No. If yes, state which and give reasons:
59. Was your license ever restored. Yes No. When?
60. Have you ever been refused an operator's license by any state? Yes No.
61. Have your driving privileges ever been restricted? Yes No. If yes, give details:
62. Has a motor vehicle being driven by you ever been involved in an accident? Yes No.
 If yes, give complete details for each accident whether collision or non-collision:
 Date: Police Investigation? Yes No
 Location: Cause of Accident

 Date: Police Investigation? Yes No
 Location: Cause of Accident

63. List any convictions for minor traffic violations:

| LOCATION | APPROX. DATE | NATURE OF VIOLATION | PENALTY OR DISPOSITION |
|----------|--------------|---------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
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ATTITUDES

64. What do you consider to be the current social problems of greatest concern?

65. What are your experiences and beliefs concerning the use of alcoholic beverages?

66. What are your experiences and beliefs concerning the use of marijuana and/or other mind-altering drugs?

67. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

CAREER OBJECTIVES

68. Explain briefly your reasons for applying for this position:

I hereby certify that all statements made in this questionnaire are true and complete and understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in Full

SWORN AND SUBSCRIBED BEFORE ME

NOTARY PUBLIC, THIS _____ DAY

OF _____, 20 _____

MY COMMISSION EXPIRES _____

NOTICE – False swearing is a Class A misdemeanor. Punishable under Arkansas Code 5-53-103.